

Discrimination on the basis of race, color, creed, national origin, ancestry, sex, marital status, disability, religious or political affiliation, age or sexual orientation is prohibited.

STATE OF CALIFORNIA

BUREAU OF STATE AUDITS

AUDITOR EMPLOYMENT APPLICATION

ADM-066 (REV 08/05)

INSTRUCTIONS: *Print or type, refer to the explanations and notices on the reverse side. Attach a resume and cover letter to this application. The resume should include a detailed description of your education, work experience, and salary history. The cover letter should briefly describe why you are interested in an auditor position with the Bureau of State Audits.*

GENERAL INFORMATION

NAME (last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER
MAILING ADDRESS			HOME PHONE
(City)	(County)	(State)	(Zip Code)
EXAMINATION(S) OR JOB TITLE(S) FOR WHICH YOU ARE APPLYING			WORK PHONE
			E-MAIL ADDRESS

EDUCATION

All candidates extended employment by the Bureau of State Audits must provide official transcripts from their educational institution. Signing this application certifies that you will have completed all required course work prior to your employment with the Bureau of State Audits.

To qualify for an auditor position, you must meet *one* of the following categories: (Check all that apply)

I have graduated (or will graduate) with the following degree(s):

- ☐ MBA ☐ MPA ☐ MPP ☐ MS Accountancy
- ☐ A master's degree in a related field that is strong in quantitative analysis with at least nine semester units of college level course work in quantitative subjects such as statistics and economics; or a graduate law degree and nine semester units of college level course work in quantitative subjects such as statistics and economics.
- ☐ BS, Business Administration–Accountancy ☐ BS, Business Administration
- ☐ A Bachelor's degree with a minimum of 39 semester units (59 quarter units) of business-related courses, which include the following:
- a minimum of 6 semester units (9 quarter units) in Accounting, or 6 semester units (9 quarter units) in Economics, or 6 semester (9 quarter units) in Financial Management.
 - a minimum of 6 semester units (9 quarter units) in Written/Oral Communications.
 - a minimum of 9 semester units (14 quarter units) in Quantitative courses (i.e., mathematics, statistics, etc.)

EMPLOYMENT

- A. Do you need special accommodations to participate in an interview or a written test?..... ☐ YES ☐ NO
- B. Have you ever: (If YES, please attach a detailed explanation)
1. Been dismissed or fired from a position for any reason?..... ☐ YES ☐ NO
2. Resigned from or quit a position while under investigation or after being informed discipline would be taken against you or during an appeal from a disciplinary action? ☐ YES ☐ NO
3. Been rejected or told you would not receive permanent or continued employment during any type of probationary or trial period on the job? ☐ YES ☐ NO
- C. Are you now employed by the State of California? (If "YES," fill in the information below.) ☐ YES ☐ NO

(Department)

(Subdivision)

(Current Classification)

CERTIFICATION (Important-please read and sign below)

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete or incorrect statements may result in my disqualification from the examination/selection process or dismissal from employment with the State of California. For the purpose of substantiating the legitimacy and completeness of information provided to the Bureau of State Audits, I authorize the employers and educational institutions identified in this application to release any information they may have concerning my employment or education. I further understand that the Bureau of State Audits may conduct a background check through the California Department of Justice and require fingerprinting to be completed as part of the employment process.

SIGNATURE

DATE

**EXAMINATION AND/OR
EMPLOYMENT APPLICATION**

STD. 678 (REV. 12/2001)

EQUAL EMPLOYMENT OPPORTUNITY
(For Examination Use Only)

APPLICANT: To assist the State of California in its commitment to Equal Employment Opportunity, applicants are asked to voluntarily provide the following information. This questionnaire will be separated from the application prior to the examination and will not be used in any employment decisions. Government Code Section 19705 authorizes the State Personnel Board to retain this information for research and statistical purposes.

SOCIAL SECURITY NUMBER _____

AGE

☐

(1) UNDER 21

☐

(3) 21 - 39

☐

(6) 40 - 69

☐

(7) 70 AND OVER

GENDER

☐

MALE

☐

FEMALE

Ethnic Category (Please check the box that best describes your race/ethnicity.):☐**(7) AMERICAN INDIAN OR ALASKAN NATIVE--** Persons having origins in any of the tribal peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

ENTER TRIBAL IDENTIFICATION OR AFFILIATION _____

☐**(2) ASIAN--** Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes China, Japan, and Korea.☐**(1) BLACK--** Persons having origins in any of the black racial groups of Africa.☐**(8) FILIPINO--** Persons having origins in any of the original peoples of the Philippine Islands.☐**(4) HISPANIC--** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.☐**(6) PACIFIC ISLANDERS--** Persons having origins in the Pacific Islands, such as Samoa.☐**(5) WHITE--** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.**Check if:**☐**(3) OTHER (Specify)** _____☐**(Y) DISABLED--**A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record or history of such impairment or medical condition; or (3) is regarded as having such an impairment or medical condition.☐**MILITARY--**A military veteran; a widow or widower of a veteran; or a spouse of a 100% disabled veteran.**How did you learn of this Examination?**☐

TELEPHONE JOB LINE

☐

WORD OF MOUTH

☐

INTERNET

☐

ADVERTISEMENT IN _____

☐

EXAMINATION BULLETIN LOCATED AT _____

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE